AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

RECEIVED

District of Minnesota

MAR 01 2012

Troy K. Scheffler					
			U.S. DISTRICT COURT		
Plaintiff)	MINNEAPOLIS, MINNESOTA			
v.)	Civil Action No.			
Jack Molin and City of Crystal)				
Defendant)		181	3	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Jack Molin 4141 Douglas Dr Crystal, MN 55422

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Troy Scheffler 965 104th Ave NW Coon Rapids, MN 55433

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: ////6///

RICHARD D. SLETTEN

CLERK OF COURT

Signature of Clerk or Deputy Clerk

SCANNED

United States Marshals Service on the reverse of this form. COURT CASE NUMBER **PLAINTIFF** DEFENDANT COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN **SERVE** ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form - 285 Iron Scheffler Number of parties to be 1041 Ave NW Rapids, MN 55433 served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Defendant is a building inspector at the Crystal City Hall
(Above Address) TELEPHONE NUMBER DATE Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF 11-11-11 ☐ DEFENDANT 163 225 7702 SPACE BELOW FOR USE OF U.S. MARSHAL Signature of Authorized USMS Deputy or Clerk Date Total Process District District I acknowledge receipt for the total to Serve number of process indicated. of Origin (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that Ahave personally served, 🗆 have legal evidence of service, 🗆 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service Address (complete only if different than shown above) am 11-17-2011 pm 02-09-2017 Amount owed to U.S. Marshal or Amount of Refund Total Mileage Charges Forwarding Fee Total Charges Advance Deposits (including endeavors) REMARKS: See Charges on City of Crystal. USun - 285

U.S. Department of Justice

CASE 0:11-cv-03279-JNE-JJK

Document 3: See Instructions for "Service of Process by the U.S. 1

See Instructions for "Service of Process by the U.S. Marshal"

U.S. Department of Justice

CASE 0:11-cv-03279-JNE-JJK

Document 3: Filed 03/02/12 A Rager 3 of 3:N

See Instructions for "Service of Process by the U.S. I See Instructions for "Service of Process by the U.S. Marshal" United States Marshals Service on the reverse of this form. PLAINTIFF COURT CASE NUMBER DEFENDANT , COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ME OF INDIVIDUAL SERVE (Street or RFD, Apartment No., City, State and ZIP Code) AT SEND NOTICE OF SERVICE COPY TO REQUESTED AT NAME AND ADDRESS BELOW Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): DATE TELEPHONE NUMBER Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF □ DEFENDANT BELOW FOR USE OF U.S. MARSHAL ONLY DO Signature of Authorized USMS Deputy or Cler Date I acknowledge receipt for the total **Total Process** District District of Origin number of process indicated. to Serve (Sign only first USM 285 if more than one USM 285 is submitted) No. I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service Address (complete only if different than shown above) 11-17-2011 02-09-2012 Amount owed to U.S. Marshal or Amount of Refund Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Service Fee (including endeavors) 5.04 .04 REMARKS: